

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **097/445621**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		1		
4		2		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
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16		1		1		
17		1		1		
18					1	
19						1
20					1	
21						1
22						1
23						1
24						1
25					1	
26						1
27						1
28						1
29						1
30						1
31						2
32						1
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TOTAL IND.	3		3		3	
TOTAL DEP.	16		14		15	
TOTAL CLAIMS	19		17		18	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						